

Request for Certificate of Insurance for Warren County

Email to Lori Francett, Rose & Kiernan, Inc.

Lfrancett@rkinsurance.com

fax 518-244-4261/phone 518-792-0945 ext 4440

Name and address of Certificate Holder (who is requesting certificate): _____

Email or Fax for Cert Holder if required: _____

Phone # for Cert Holder if needed: _____

Contact Name for Cert Holder if needed: _____

Description of Job/Lease/Contract: _____

Are the requesting Additional Insured Status? Y N

Are the requesting a Waiver of Subrogation? Y N

If yes to either of the above, please email or fax us a copy of the portion of the signed contract/agreement referencing insurance requirements. We require this prior to giving Additional Insured status on a certificate.

Contact Information for County Department requesting the certificate:

Name: _____
Dept: _____
Phone #: _____
Fax #: _____
Email: _____

Individual Departments should use this form only if the request is NOT part of a Contract.

Questions, contact Lori Francett at Rose & Kiernan at above contact information.